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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	July 2, 2004 (International)
<b>First Named Inventor</b>	Mihaljevic
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	BWY-005.01

I hereby appoint:

☒ Practitioners at Customer Number

25181

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Individual Name

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State

ZIP

Country

Telephone

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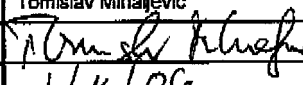
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Tomislav Mihaljevic	R. Saied Farivar	Lawrence H. Cohn
Signature			
Date	1/11/06		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name	Tomislav Mihaljevic	R. Saeid Farivar	Lawrence H. Cohn
Signature			
Date		11/16/06	

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INDICATION FORM**

<b>Application Number</b>	10/595,042
<b>Filing Date</b>	July 2, 2004 (International)
<b>First Named Inventor</b>	Mihaljevic
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	BWY-005.01

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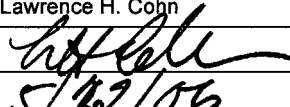
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**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Tomislav Mihaljevic	R. Saeid Farivar	Lawrence H. Cohn
<b>Signature</b>			
<b>Date</b>			5/22/06

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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